Children's Mental Health

July 2019

CONNECTIONS NAMI Maryland
National Alliance on Mental Illness

Dedicated to improving the quality of life for those affected by mental illness/brain disorders • www.namimd.org

Welcome to Holland

I am often asked to describe the experience of raising a child with a disability—to try to help people who have not shared that unique experience to understand it, to imagine how it would feel. It's like this…

When you're going to have a baby, its like planning a fabulous vacation trip—to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum. The Michelangelo David. The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says "Welcome to Holland."

"Holland?!" you say, "What do you mean, Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

"But there's been a change in the flight plan. They're landed in Holland and there you must stay."

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine, and disease.

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Early Warning Signs and When to Seek Help

Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.

Each illness has its own symptoms, but common signs of mental illness in adults and adolescents can include the following:

- Excessive worrying or fear
- Feeling excessively sad or low
- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable "highs" or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Avoiding friends and social activities
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite
- Changes in sex drive
- Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don't exist in objective reality)

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Welcome to Holland

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It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language. And you will meet a whole new group of people who you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around, and you begin to notice that Holland has windmills, Holland has tulips, Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy, and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say, "Yes, that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever go away, because the loss of that dream is a very significant loss.

But if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things about Holland.

Written in 1987 by Emily Pearl Kingsley, the mother of a son with Down Syndrome, while she was a writer for Sesame Street. Adapted from NAMI Basics.

Stigma and Mental Health Conditions in Children

One of the major symptoms of mental health conditions in children is challenging, difficult, or extreme behavior. Many people don't know much about how mental health works, and they can't tell the difference between the child and the symptoms of their condition. Because of this ignorance, as well as confusion and fear:

- People may see your child as "bad" and you as a "bad parent".
- People may shun your child and your family, rather than embracing you.

Because of stigma, treatments for mental health conditions often aren't as well-developed as those for other medical conditions. You may notice this when you seek help from health care providers. It can be hard to locate and get services. You may have trouble getting the professional help you need to get treatments for your child. Stigma tends to be work for children from low-income and minority families. Healthcare service providers may not know how to do a good job helping people in these communities if they're not familiar with their culture. As a result, children from these groups may get even less effective care.

Self-stigma

Self-stigma is the experience of being aware of stereotypes about a group that you're part of and agreeing with them on some level. You may not yet know that the stereotypes are false. Or you may know that the stereotypes are false, but part of you feels that they're true in your case. That feeling—that stereotypes are true on some level and that they apply to you—is called self-stigma and may make you:

- Fear that you caused your child's mental health condition.
- Expect others to blame you. The younger your child is, the more likely it is that some people (who don't understand how mental health conditions work) will mistakenly blame you.
- Feel guilt and shame because you believe the situation is your fault.

NAMI can help you overcome stigma. Go to https://nami.org/Find-Support/NAMI-Programs/NAMI-Basics to find the support you need.

Early Warning Signs and When to Seek Help

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- Inability to perceive changes in one's own feelings, behavior or personality ("lack of insight" or anosognosia)
- Abuse of substances like alcohol or drugs
- Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing "aches and pains")
- Thinking about suicide
- Inability to carry out daily activities or handle daily problems and stress
- An intense fear of weight gain or concern with appearance

When to Seek Help

Even under the best of circumstances, it can be hard to tell the difference between challenging behaviors and emotions that are consistent with typical child development and those that are cause for concern. It is important to remember that many disorders like anxiety, attention deficit hyperactivity disorder, and depression do occur during childhood. In fact, many adults who seek treatment reflect back on how these disorders affected their childhood and wish that they had received help sooner. In general, if a child's behavior persists for a few weeks or longer; causes distress for the child or the child's family; and interferes with functioning at school, at home, or with friends, then consider seeking help.

If a child's behavior is unsafe, or if a child talks about wanting to hurt themselves or someone else, then seek help immediately.

Young children may benefit from an evaluation and treatment if they:

- Have frequent tantrums or are intensely irritable much of the time
- Often talk about fears or worries
- Complain about frequent stomachaches or headaches with no known medical cause
- Are in constant motion and cannot sit quietly (except when they are watching videos or playing videogames)
- Sleep too much or too little, have frequent nightmares, or seem sleepy during the day
- Are not interested in playing with other children or have difficulty making friends
- Struggle academically or have experienced a recent decline in grades
- Repeat actions or check things many times out of fear that something bad may happen

Older children and adolescents may benefit from an evaluation if they:

- Have lost interest in things that they used to enjoy
- Have low energy
- Sleep too much or too little, or seem sleepy throughout the day
- Are spending more and more time alone and avoid social activities with friends or family
- Fear gaining weight, or diet or exercise excessively
- Engage in self-harm behaviors (e.g., cutting or burning their skin)
- Smoke, drink, or use drugs
- Engage in risky or destructive behavior alone or with friends
- Have thoughts of suicide
- Have periods of highly elevated energy and activity, and require much less sleep than usual
- Say that they think someone is trying to control their mind or that they hear things that other people cannot hear

First Steps for Parents

If you are concerned about your child, where do you begin?

1. Talk with your child's teacher. What is the child's behavior like in school, daycare, or on the playground?
2. Talk with your child's pediatrician. Describe the behavior, and report what you have observed and learned from talking with others.
3. Ask for a referral to a mental health professional who has experience and expertise dealing with children.

Adapted from Children and Mental Health: Is This a Stage? By NIMH and NAMI: Know the Warning Signs

Finding Answers and Treatment Options

An evaluation by a health professional can help clarify problems that may be underlying a child's behavior and provide reassurance or recommendations for next steps. It provides an opportunity to learn about a child's strengths and weaknesses and determine which interventions might be most helpful.

A comprehensive assessment of a child's mental health includes the following:

- An interview with parents addressing a child's developmental history, temperament, relationships with friends and family, medical history, interests, abilities, and any prior treatment. It is important to get a picture of the child's current situation, for example: have they changed schools recently, has there been an illness in the family, or a change with an impact on the child's daily life?
- Information gathering from school, such as standardized tests, reports on behavior, capabilities, and difficulties.
- An interview with the child about their experiences, as well as testing and behavioral observations, if needed.

Treatment Options

Assessment results may suggest that a child's behavior is related to changes or stresses at home or school; or is the result of a disorder for which treatment would be recommended. Treatment recommendations may include:

Psychotherapy ("talk therapy"). There are many different approaches to psychotherapy, including structured psychotherapies directed at specific conditions. Information about types of psychotherapies is available on the National Institute of Mental Health (NIMH) **Psychotherapies** page (**www.nimh.nih.gov/index.shtml**; search term: psychotherapies).

Effective psychotherapy for children always includes:

- Parent involvement in the treatment (especially for children and adolescents).
- Teaching skills and practicing skills at home or at school (between session "homework assignments").
- Measures of progress (e.g., rating scales, improvements on homework assignments) that are tracked over time.

Medications. Medication may be used along with psychotherapy. As with adults, the type of medications used for children depends on the diagnosis and may include antidepressants, stimulants, mood stabilizers, and others. General information on specific classes of medications is available on NIMH's **Mental Health Medications page** (**www.nimh.nih.gov/index.shtml**; search term: medications). Medications are often used in combination with psychotherapy. If different specialists are involved, treatment should be coordinated.

Family counseling. Including parents and other members of the family in treatment can help families understand how a child's individual challenges may affect relationships with parents and siblings and vice versa.

Support for parents. Individual or group sessions that include training and the opportunity to talk with other parents can provide new strategies for supporting a child and managing difficult behavior in a positive way. The therapist can also coach parents on how to deal with schools.

To find information about treatment options for specific disorders, visit **www.nimh.nih.gov/health/** and at **https://nami.org/Find-Support/NAMI-Programs/NAMI-Basics**

Choosing a Mental Health Professional

It's especially important to look for a child mental health professional who has training and experience treating the specific problems that your child is experiencing. Ask the following questions when meeting with prospective treatment providers:

- Do you use treatment approaches that are supported by research?
- Do you involve parents in the treatment? If so, how are parents involved?
- Will there be homework between sessions?
- How will progress from treatment be evaluated?
- How soon can we expect to see progress?
- How long should treatment last?

Additional information related to identifying a qualified mental health professional and effective treatment options is available on the NIMH website at **www.nimh.nih.gov/findhelp** and on the NAMI website at **https://nami.org/Learn-More/Treatment/Types-of-Mental-Health-Professionals**

Working with the School

If your child has behavioral or emotional challenges that interfere with their success in school, they may be able to benefit from plans or accommodations for children with disabilities. The health professionals who are caring for your child can help you communicate with the school. A first step may be to ask the school whether an individualized education program (IEP) or a 504 plan is appropriate for your child. Accommodations might include simple measures, such as providing a child with a tape recorder for taking notes, permitting flexibility with the amount of time allowed for tests, or adjusting seating in the classroom to reduce distraction. There are many sources of information on what schools can and, in some cases, must provide for children who would benefit from accommodations and how parents can request evaluation and services for their child.

There are Parent Training and Information Centers and Community Parent Resource Centers throughout the United States. The **Center for Parent Information and Resources** website lists centers in each state (**www.parentcenterhub.org/find-your-center/**).

NAMI Prince George's County (301-429-0970), **NAMI Montgomery County** (301-949-5852), **NAMI Howard County (**410-772-9300), and **NAMI Southern Maryland** (301-399-4148) have NAMI Family Support Groups for family members and caregivers of children and teens with a mental health condition. Please contact them to see when their next support group is available.

The **U.S. Department of Education (ED)** (**www.ed.gov**) has detailed information on laws that establish mechanisms for providing children with accommodations tailored to their individual needs and aimed at helping them succeed in school. The ED also has a website on the **Individuals with Disabilities Education Act** (**https://sites.ed.gov/idea/**), and the ED's **Office of Civil Rights** (**www2.ed.gov/about/offices/list/ocr/frontpage/pro-students/disability-pr.html**) has information on other federal laws that prohibit discrimination based on disability in public programs, such as schools.

Adapted from Children and Mental Health: Is This a Stage? By NIMH

Data and Statistics on Children's Mental Health

Mental health disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day. Among the more common mental disorders that can be diagnosed in childhood are attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders.

There are different ways to estimate which children have difficulties with mental health. CDC uses surveys, like the National Survey of Children's Health, to understand which children have diagnosed mental health disorders and whether they received treatment. In this type of survey, parents report on the diagnoses their child has received from a healthcare provider.

Learn more facts about children's mental disorders below.

1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.

Facts About Mental Health Disorders in U.S. Children

ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental health disorders in children

- 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.
- 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.
- 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.
- 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression.

Some of these conditions commonly occur together. For example:

- Having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%).
- For children aged 3-17 years with anxiety, more than 1 in 3 also have behavior problems (37.9%) and about 1 in 3 also have depression (32.3%).
- For children aged 3-17 years with behavior problems, more than 1 in 3 also have anxiety (36.6%) and about 1 in 5 also have depression (20.3%).

Depression and anxiety have increased over time

- "Ever having been diagnosed with either anxiety or depression" among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.
- "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011–2012.
- "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).

Treatment rates vary among different mental health disorders

- Nearly 8 in 10 children (78.1%) aged 3-17 years with depression received treatment.
- 6 in 10 children (59.3%) aged 3-17 years with anxiety received treatment.
- More than 5 in 10 children (53.5%) aged 3-17 years with behavior disorders received treatment.

Mental, behavioral, and developmental disorders begin in early childhood

1 in 6 U.S. children aged 2–8 years (17.4%) has a

diagnosed mental, behavioral, or developmental disorder.

Rates of mental health disorders change with age
Diagnoses of depression and anxiety are more common with increased age. Behavior problems are more common among children aged 6–11 years than children younger or older.

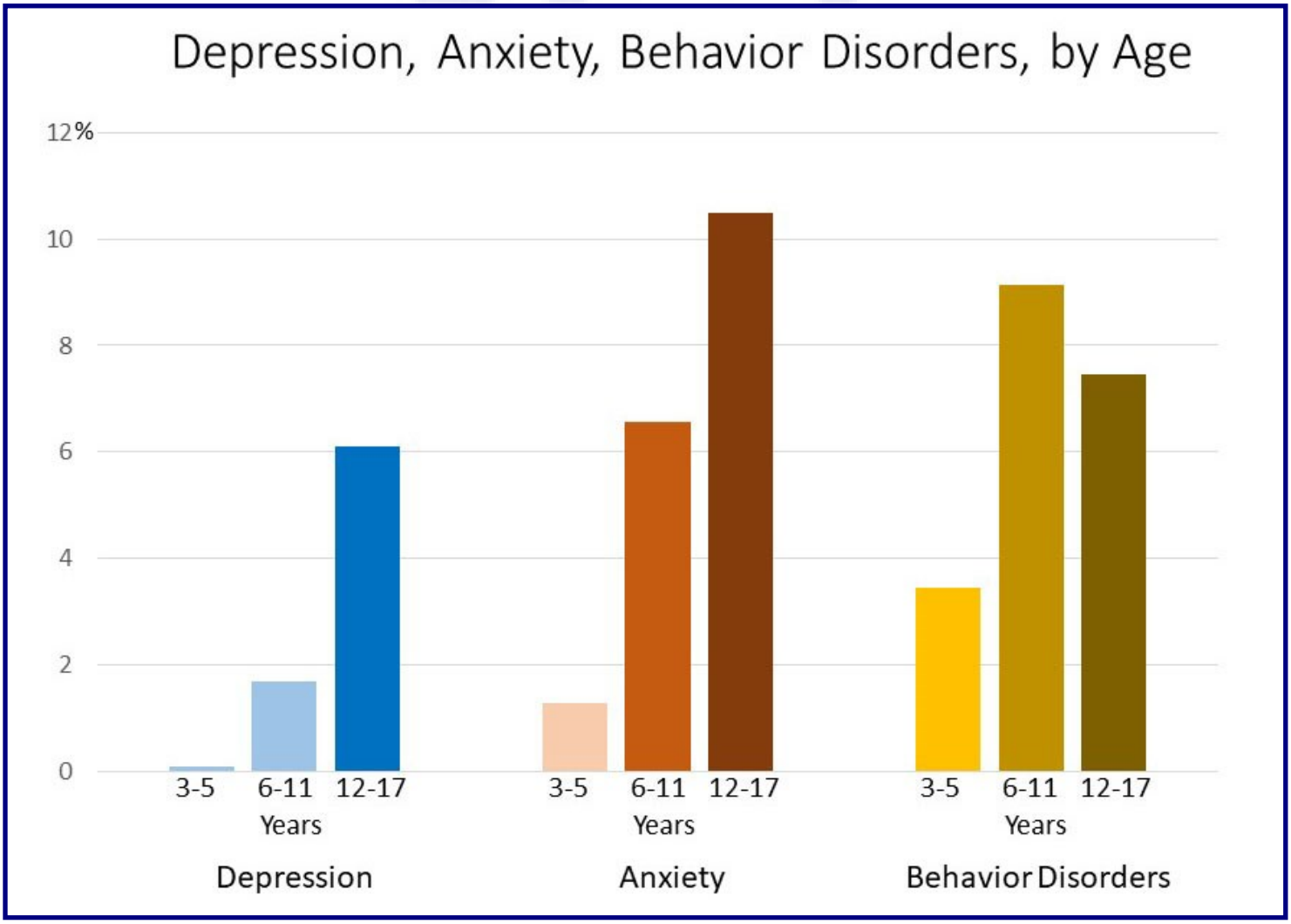
Many family, community, and healthcare factors are related to children's mental health
Among children aged 2-8 years, boys are more likely than girls to have a mental, behavioral, or developmental disorder.

Among children living below 100% of the federal poverty level, more than 1 in 5 (22%) has a mental, behavioral, or developmental disorder.

Age and poverty level affected the likelihood of children receiving treatment for anxiety, depression, or behavior problems.

Note: The rates reported in this article are estimates based on parent report, using nationally representative surveys. This method has several limitations. It is not known to what extent children receive these diagnoses accurately. Estimates based on parent-reported diagnoses may match those based on medical records, but children may also have mental health conditions that have not been diagnosed.

Adapted from the Centers for Disease Control and Prevention's Data and Statistics on Children's Mental Health.



Integrated Care

INTEGRATED CARE: WHAT IS IT?

There is no one definition or approach to integrated care. Rather there are principles and concepts that help to define what it means. Here are two definitions that capture the principles and concepts of integrated care:

•"Integrated health care is the systematic coordination of physical and behavioral health care. The idea is that physical and behavioral health problems occur at the same time. Integrating services to treat both will yield the best results and be the most acceptable and effective approach for those being served." – *The Hogg Foundation for Mental Health*

•"Integrated primary care combines medical and behavioral health services to more fully address the spectrum of problems that patients bring to their primary medical care providers. It allows patients to feel that, for almost any problem, they have come to the right place." – *Alexander Blount, Ed.D., Director, Center for Integrated Primary Care*

Simply put, integrated care refers to the practice of incorporating mental health care into primary care settings *and* primary care into mental health care settings for the purpose of improving the quality of care.

There is no single, right way to integrate services and supports. There are a number of steps that primary care practices can take in moving toward integrated care. These steps include everything from distributing information to families about mental health care in primary care practices to co-locating mental health care in primary care practices to fully integrated collaborative care. These steps aim to improve communication, collaboration and coordination among health care providers, families and youth and emphasize a care team approach to addressing mental and physical health concerns.

For most youth, the pediatric primary care setting is the most practical location for integrated care because most families and youth access care in primary care offices. The primary care office is a place where families have often established a trusting relationship with a primary care provider. It is also a place that youth are familiar with and are comfortable visiting. However, youth with serious mental health conditions who require ongoing, regular care from mental health providers *may* benefit from coordinated care in a mental health care setting that also has the capacity to provide essential primary care.

The integration of mental health and primary health care makes sense for several reasons. Most families value their relationship with their primary care providers and are comfortable openly discussing concerns about their child. Primary care providers are often the first point of contact when a child is born. Primary care providers, typically pediatricians, are also the trusted professionals that families most often turn to with concerns about the health and well-being of their child. This places primary care providers in a key position to improve the early identification of mental health concerns and to link families with effective services and supports.

Most families initially seek help for mental health concerns in the primary care setting. This is especially true for families from culturally, economically, racially and ethnically diverse communities. Up to 70 percent of primary care medical appointments are for issues related to psychosocial concerns. More than half of all care for common mental health conditions—including anxiety, depression, attention-deficit/ hyperactivity disorder (ADHD) and related conditions—is provided in the primary care setting.

There are several reasons to seek help from the primary care setting:

- Easier access to care because of a critical shortage of mental health providers, especially in rural communities.
- Care provided in a primary care setting may be covered by insurance policies that do not

Families, health care providers and NAMI program leaders who have experience with integrated care have reported the following benefits for families:	
Improved access to care.	Reduced stigma.
Avoidance of treatment errors and duplicative tests and lab work that are costly.	Reduced treatment errors by using an integrated medical chart.
Increased consultation, referral and collaboration because of regular contact between mental health and primary care providers.	Encouraged the development of individualized care plans and established clear lines of responsibility for follow up.
Improved adherence to treatment.	Greater convenience and satisfaction for families.
Increased likelihood that families follow through with referral for mental health services and supports.	Decreased wait times between mental health referrals and initial appointments.
Decreased use of unneeded medical and emergency services.	Increased attention to the treatment preferences of families.

include mental health care coverage.
- Families may feel more comfortable in a primary care setting because of stigma associated with seeking care in a mental health care setting.

Many families have long-standing, trusting relationships with primary care providers and these providers understand how to work effectively with youth and families. You and your child may want to ask your primary care provider to use their experience in coordinating care with specialists on a broad range of health issues to help ensure that your child gets the help that they need from mental health providers.

Integrated care is re-envisioning the way your child receives and participates in health care. There are many ways in which you can benefit from integrated care.

Ultimately, integrated care promises to improve the quality of care provided to children, youth and families. It helps to establish ongoing, close relationships between youth, families and health care providers that help to produce better outcomes and greater satisfaction with care for everyone.

This article was reproduced from A Family Guide: Integrating Mental Health and Pediatric Care

MARYLAND EIP

Have you or a family member been discharged from Maryland EIP? Are you interested in sharing your experiences following discharge with researchers?

WHO: Any former Maryland Early Intervention Program (Maryland EIP) client who has been discharged at least 6 months prior to a scheduled interview or family members of a discharged client is eligible.

WHY: To date, very little is known about client and family experiences following discharge from specialized first episode psychosis/early intervention programs (like Maryland EIP) or how to best support them. This study aims to better understand what happens after discharge from Maryland EIP, including in the areas of school or work involvement and access to/use of other mental health services.

WHAT: If interested, you would be asked to participate in an approximately 1.5 hour long oral interview by phone or in person.

COMPENSATION: Participants will receive $75 for their time, sent by money order following your interview.

HOW: Contact the primary investigator, Dr. Nev Jones, by email at genevra@usf.edu or by phone at 813-415-5532. The study's protocol number is #00035193.

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NIMH RESEARCH STUDY

The study is recruiting participants **ages 11-17 who are depressed and have a pediatrician or medical provider**. The study begins with an outpatient evaluation (clinical assessment, interviews, and questionnaires). Outpatient study visits include a clinical assessment, research tasks, and brain imaging, up to age 25. Eligible participants may receive treatment of evidence-based cognitive behavioral therapy and, if indicated, standard medicines. Enrollment is from across the U.S. Transportation expenses to NIH in Bethesda, MD are reimbursed. There is no cost to participate and compensation is provided.

For more information, call 1-301-827-1350 [TTY: 1-866-411-1010] or email depressedkids@mail.nih.gov. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, Protocol Number: 18-M-0037. www.nimh.nih.gov/TeenDepressionStudy

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Email your contact information to **info@namimd.org**, put "NAMI Maryland email list" in the subject line, and tell us how you heard about us!

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